U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2506 9			2. Fiscal	2. Fiscal Year Covered From:				
	•			1 1 2	2005 Through:	12 / 31	2005	
3. Name and address of person filing.			4. Name	4. Name, file number, and address of labor organization.				
Name GARY COOK			Name T.I.E.A.T.J.U.F.					
		-	Labor	Organization File No	ımber 03	6976	•	
P.O. E	P.O. Box, Bldg., Room No., if any			P.O. Box, Building and Room Number, if any				
Street	Street 1458 A CENTERWOOD		Street	Street 604 NORTH GREAT SOUTHWEST PKWY				
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State	Texas	ZIP Code + 4 77372	State	Texas		ZIP Code + 4	76011-5425	
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A. Held monet	l an interest in, engaged in trans ary value from an employer wh	(except as specified in the exc actions (including loans) with, o ose employees your organiza	r derived in	scome or other aco	nomic henefit of	esent.		
6. Nam	Name and address of Employer (including trade name, if any).			7.a. Nature of Interest, Transaction, or Income.				
Name				TOTALE EL LE L	manural menural per demande per demande (d. edu), soloto e e d. d. edu) e e e e d. d. e e e e e e e e e e e e	(mar m.) game, y, vale mm/mr = (m/V) m/V (mm-m) d/ mm/m	amma wa a wa a Li Angello Li Ca La Angello Mara Panjalika (angelang panganan Ca Angello Angell	
Trade	Name, if any:	ikki kanangangan papa, nga pikulan kata kata kanan mananan manan manangan pengungan pengungan (pengungan kata k Pengungan pengungan	Patrimet Constitution of States of Constitution of Constitutio of Constitution of Constitution of Constitution of Constitution					
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State		ZIP Code + 4		λ-19		titel to the transition of the second se		
		Sig	nature					
suom	gnature and verification. The und tted in this report (including the info		f Perjury and	d other applicable pe	nalties of the law,	that all of the inf	ormation	
	aigned a knowledge and belief, true	ersigned declares, under penalty of mation contained in any accompar correct, and complete. (See the s	ivina docum	ents), has been exan naities in the instruct	tions.)	tory and is, to the	e dest of the	
Sign		mation contained in any accompar	nying docum ection on pe	ents), has been examinaties in the instruct 03 -/6-06 Date	tions.) 281-88	ory and is, to the 3 - 9251 elephone Numbe		

Name of Person Filing GARY COOK	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name T.I.E.A.T.J.U.F. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 604 NORTH GREAT SOUTHWEST PKWY City ARLINGTON State Texas ZIP Code + 4 76011-5425	9. Business deals with: a. Labor Organization b. Trust c. Employer					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name T.I.E.A.T.J.U.F. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 604 NORTH GREAT SOUTHWEST PKWY City ARLINGTON State Texas ZIP Code + 4 76011-5425	REIMBURSEMENT FOR LOST TIME 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. REIMBURSEMENT FOR LOST TIME WHILE TEACHING CLASSES.					
	12.b. Amount. \$2,341					
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	14.a. Nature of payment.					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.					